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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> 65899-0727	
		<b>First Inventor</b> Earl D. Diem	
		<b>Title</b> NON-INTRUSIVE DIAGNOSTIC TOOL FOR SENSING OXYGEN SENSOR OPERATION	
		<b>Express Mail Label No.</b> EV 078879848 US	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>24</b>]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>10</b>]</span> 5. Oath or Declaration <span style="float: right;">[Total Sheets <span style="border: 1px solid black; padding: 0 10px;">  </span>]</span> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>            Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>
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<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input type="checkbox"/> Power of Attorney</span> <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input checked="" type="checkbox"/> Copies of IDS Citations</span> 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>	22581 U.S.P.T.O. 10/700007 110303

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation   
 ☐ Divisional   
 ☐ Continuation-in-part (CIP)   
 of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_   
 Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number: <span style="border: 1px solid black; padding: 0 20px;">10291</span> OR <input type="checkbox"/> Correspondence address below					
Name	RADER, FISHMAN & GRAUER PLLC				
	Michael B. Stewart				
Address	39533 Woodward Avenue				
	Suite 140				
City	Bloomfield Hills	State	MI	Zip Code	48304
Country	US	Telephone	(248) 594-0600	Fax	(248) 594-0610

Name (Print/Type)	Michael B. Stewart	Registration No. (Attorney/Agent)	36,018
Signature			Date
			November 3, 2003

15866 U.S. PTO  
110303

Use in lieu of PTO/SB/17 (08-03)  
(Form updated to reflect FY 2004 fees effective 10/1/03)

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

## Complete if Known

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Earl D. Diem
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	65899-0727

TOTAL AMOUNT OF PAYMENT (\$ ) 806.00

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:  
Deposit Account Number 18-0013  
Deposit Account Name Rader, Fishman & Grauer PLLC

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001 385 Utility filing fee	770.00
1002	340	2002 170 Design filing fee	
1003	530	2003 265 Plant filing fee	
1004	770	2004 385 Reissue filing fee	
1005	160	2005 80 Provisional filing fee	
SUBTOTAL (1) (\$ )			770.00

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims 22 -20\*\* = 2 x 18.00 = 36.00  
Independent Claims 3 -3\*\* = 0.00  
Multiple Dependent

Large Entity		Small Entity		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ ) 36.00

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	420	2252 210 Extension for reply within second month	
1253	950	2253 475 Extension for reply within third month	
1254	1,480	2254 740 Extension for reply within fourth month	
1255	2,010	2255 1,005 Extension for reply within fifth month	
1401	330	2401 165 Notice of Appeal	
1402	330	2402 165 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,330	2453 665 Petition to revive - unintentional	
1501	1,330	2501 665 Utility issue fee (or reissue)	
1502	480	2502 240 Design issue fee	
1503	640	2503 320 Plant issue fee	
1460	130	1460 130 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	770	2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810 385 For each additional invention to be examined (37CFR 1.129(b))	
1801	770	2801 385 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 0.00

## SUBMITTED BY

Name (Print/Type) Michael B. Stewart  
Signature *Michael B. Stewart*

Registration No. (Attorney/Agent) 36,018

## (Complete if applicable)

Telephone (248) 594-0633

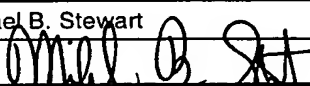
Date November 3, 2003

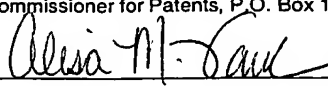
## Fee Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 078879848 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 3, 2003

Signature: *Alisa M. Varela* (Alisa M. Varela)

FEE TRANSMITTAL for FY 2004				Complete if Known			
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number		Not Yet Assigned	
				Filing Date		Concurrently Herewith	
				First Named Inventor		Earl D. Diem	
				Examiner Name		Not Yet Assigned	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Art Unit		N/A	
TOTAL AMOUNT OF PAYMENT		(\$)		806.00		Attorney Docket No.	
						65899-0727	
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">18-0013</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Rader, Fishman &amp; Grauer PLLC</span> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES			
1. BASIC FILING FEE				Large Entity    Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid	
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1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)			(\$)			770.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		22	-20** =	2	x	18.00	= 36.00
Independent Claims		3	-3** =		x		= 0.00
Multiple Dependent					x		=
Large Entity    Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
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1204	86	2204	43	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)			(\$)			36.00	
**or number previously paid, if greater; For Reissues, see above							
SUBMITTED BY				(Complete if applicable)			
Name (Print/Type)		Michael B. Stewart		Registration No. (Attorney/Agent)		36,018	
Signature				Telephone		(248) 594-0633	
				Date		November 3, 2003	

Fee Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 078879848 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: November 3, 2003	Signature:  (Alisa M. Varela)

Application No. (if known):

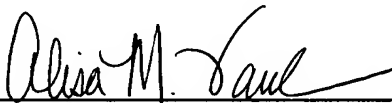
Attorney Docket No.: 65899-0727

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 078879848 US in an envelope addressed to:

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on November 3, 2003  
Date

  
\_\_\_\_\_  
Signature

Alisa M. Varela

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

All documents identified on the accompanying Utility Patent Application Transmittal